

**DATE**

5/13/22

PRESENTING CLINICAL SIGNS

History: Urinary issues.

PATIENT

Teddy Claypool

Current Medications: Clavacillin 125mg 1.5 BID.

Lab Results: See attached.

Radiographs: Possible bladder tumor. 5/12/22.

Date of Previous IntraPet Ultrasound: 11/20/20. See attached.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Poodle X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change.

AGE

7/11/2008

The **prostate** was uniform, measuring 1.28 cm.**WEIGHT**

26 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.08 cm. The left kidney measured 5.08 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **right adrenal gland** revealed similar changes to the prior sonogram, measuring 2.0 cm x 0.66 cm at the cranial pole and 0.62 cm at the caudal pole with areas of remodeling.

HOSPITAL NAME

Fallston VC

The **left adrenal gland** was slightly swollen, similar to the prior sonogram, measuring 1.86 cm x 0.75 cm at the caudal pole and 0.59 cm at the cranial pole.

REFERRING VET

Dr. Prange

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. A separate hyperechoic lipogranulomatous nodule was noted in the spleen, measuring 1.74 cm.

INVOICE

15184

Liver

The **liver** revealed a hyperechoic nodule, consistent with lipogranuloma, measuring 0.81 cm in the left medial liver. A moderate amount of remodeling was noted in the liver, similar to the prior sonogram.

The gallbladder was over distended with suspended and dependent debris, consistent with emerging mucocele with immobile bile. No adjunctive inflammation was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

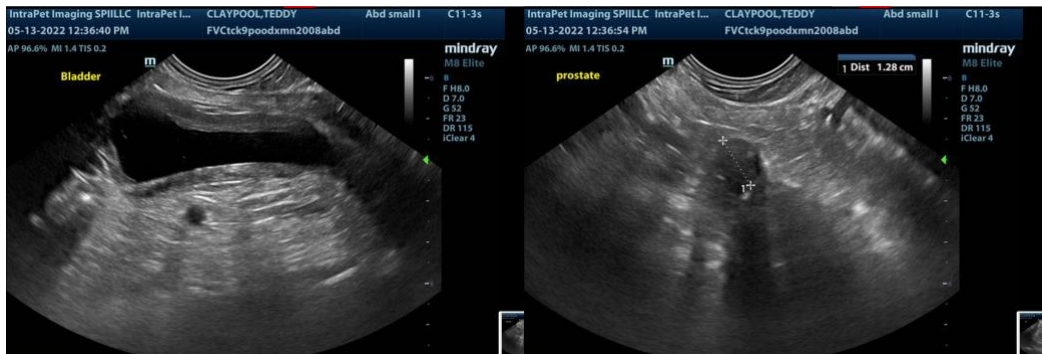
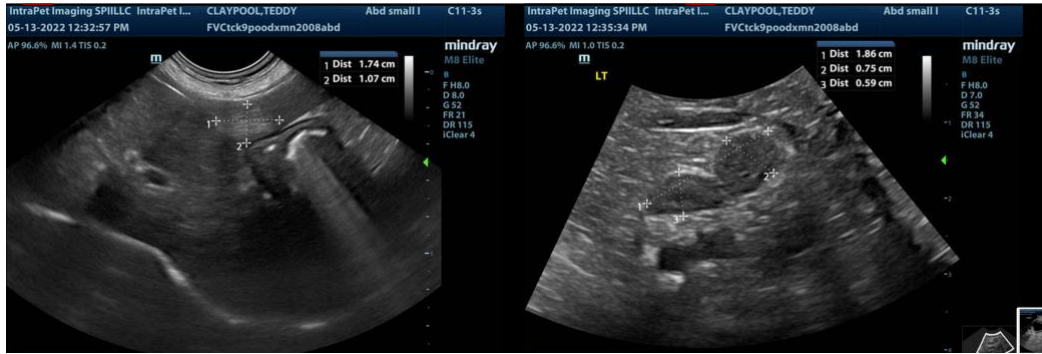
- Hepatic remodeling and lipogranulomatous nodules
- Moderate degenerative renal changes
- Mild bladder thickening
- Age-related pancreas
- Areas of remodeling in the right adrenal gland and slightly swollen left adrenal gland, similar to the prior sonogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, I recommend long-term treatment for UTI, such as 3-4 weeks, given the chronic bladder changes and chronic renal changes, embedded infection may be an issue for recurrence. Otherwise, the abdomen appears to largely geriatric in nature. Ursodiol x 6 weeks and rescan recommended. Rescan earlier if clinical signs such as anorexia or if rapid sap/bilirubin elevations occur.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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